

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

25 Massachusetts Ave, NW

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000422

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer

Kevin Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		552464.38
(b) Cash on Hand at Beginning of Reporting Period.....	1015962.59	
(c) Total Receipts (from Line 19)	46755.08	886787.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1062717.67	1439251.60
7. Total Disbursements (from Line 31)	9162.23	385696.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1053555.44	1053555.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 01 2015

To:

M M / D D / Y Y Y Y Y
10 31 2015**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

31929.46

516584.44

(ii) Unitemized

14818.32

365107.34

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

46747.78

881691.78

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

46747.78

881691.78

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

7.30

95.44

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

46755.08

886787.22

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

46755.08

886787.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	962.23	14131.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	962.23	14131.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	1690.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8200.00	365100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4775.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4775.02
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9162.23	385696.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9162.23	385696.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	46747.78	881691.78
34. Total Contribution Refunds (from Line 28(d))	0.00	4775.02
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46747.78	876916.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	962.23	14131.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	962.23	14131.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrick T Mc Culloch MDMailing Address 100 Trich Dr
Ste 2

City Washington State PA Zip Code 15301-5987

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST CENTEROccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : 67939403

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jesse Menachem Ehrenfeld MDMailing Address 900 20th Ave S
Apt 1611

City Nashville State TN Zip Code 37212-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITYOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67944648

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Denise Louise Bobovnyik MDMailing Address 3660 Stutz Dr Ste 102
Primary Care Specialists

City Canfield State OH Zip Code 44406-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67944651

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

1249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jeffrey I Bennett MD

Mailing Address 1049 Williams Blvd

City

Springfield

State

IL

Zip Code

62704-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU PHYSICIANS & SURGEONS INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : 67948752

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Suzanne Jean Martens MD

Mailing Address 38 Lake Breeze Ln

City

Random Lake

State

WI

Zip Code

53075-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : 67948753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kay Denise Spong Lozano MD

Mailing Address 5991 S High Ct

City

Centennial

State

CO

Zip Code

80121-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIOLOGY IMAGING ASSOCIATES PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : 67948762

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David A Downs Jr MD

Mailing Address 10400 E Alameda Ave

City	State	Zip Code
Denver	CO	80247-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67948766

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul Ernest Jennings MD

Mailing Address PO Box 987

City	State	Zip Code
San Marcos	TX	78667-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67948883

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Myphuong Theresa PhanMailing Address 2741 Faudree Rd
Apt 1202

City	State	Zip Code
Odessa	TX	79765-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67948884

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alexander William Ramsay MD

Mailing Address 1470 Tobias Gadson Blvd Ste 201

City

Charleston

State

SC

Zip Code

29407-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOWCOUNTRY UROLOGY SPECIALISTS

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67948885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Laura Faye Gephart

Mailing Address 2401 S 31st St

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : 67948886

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Jos Chesser MDMailing Address 2570 24th St
Ste 124

City

Rock Island

State

IL

Zip Code

61201-5394

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITY POINT HEALTH

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : 67976465

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Brandeis Katzin MDMailing Address 10102 Emyprean Way
Apt 302

City	State	Zip Code
Los Angeles	CA	90067-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 67976466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott Meredith Steidl MDMailing Address 53 Sewall St
Eyecare Medical Group

City	State	Zip Code
Portland	ME	04102-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

EYECARE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 67976483

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Ms. Gabriella Marie Soler-BanchsMailing Address PO Box 801214
Coto Laurel

City	State	Zip Code
Ponce	PR	00780-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 67977004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

950.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Raj Behari Lal MD

Mailing Address 2809 Meyers Rd

City

Oak Brook

State

IL

Zip Code

60523-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	12	/	2015

Transaction ID : 67977316

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Goitom Andom Asgedom MDMailing Address 1135 Lake Blvd
Apt 11

City

Marion

State

OH

Zip Code

43302-6685

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.10

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : 68115792

Amount of Each Receipt this Period

83.40

Full Name (Last, First, Middle Initial)

C. Gregory Paul Fazio MD

Mailing Address 25 Monument Rd Ste 200

City

York

State

PA

Zip Code

17403-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer

WELLSPAN MEDICAL GROUP ADMIN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : 68116908

Amount of Each Receipt this Period

83.32

SUBTOTAL of Receipts This Page (optional)..... ►

208.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 110
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Michael Paige Rigglesman MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 14 / 2015</div> </div> Transaction ID : 68124341 </p>		
<p>Mailing Address 132 Duffy Hill Dr</p>					
City	State	Zip Code			
Moorefield	WV	26836-3100			
FEC ID number of contributing federal political committee.		<div>C</div>			
Name of Employer		Occupation			
LOVE MEMORIAL CLINIC		Physician			
Receipt For:		Aggregate Year-to-Date ▼			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>500.00</div>			
<p>Full Name (Last, First, Middle Initial) B. Mr. Omar Z Maniya</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 14 / 2015</div> </div> Transaction ID : 68124461 </p>		
<p>Mailing Address 1 Western Ave Apt 602</p>					
City	State	Zip Code			
Boston	MA	02163-1022			
FEC ID number of contributing federal political committee.		<div>C</div>			
Name of Employer		Occupation			
N/A		Medical Student			
Receipt For:		Aggregate Year-to-Date ▼			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>500.00</div>			
<p>Full Name (Last, First, Middle Initial) C. Mr. Christopher Patrick Libby</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 14 / 2015</div> </div> Transaction ID : 68124468 </p>		
<p>Mailing Address 501 Plantation St Apt 518</p>					
City	State	Zip Code			
Worcester	MA	01605-2373			
FEC ID number of contributing federal political committee.		<div>C</div>			
Name of Employer		Occupation			
N/A		Medical Student			
Receipt For:		Aggregate Year-to-Date ▼			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>500.00</div>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<div>1250.00</div>		
<p>TOTAL This Period (last page this line number only).....▶</p>			<div></div>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Richard Newman

Mailing Address 330 North Wabash Avenue

City State Zip Code
 Chicago IL 60611-3586

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AMERICAN MEDICAL ASSOCIATION

Occupation
 AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : 68124472

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Fadel Elias Nammour MD

Mailing Address 3000 32nd Ave SW

City State Zip Code
 Fargo ND 58103-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INNOVIS HEALTH LLC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2015

Transaction ID : 68172647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gary Robert Katz MD

Mailing Address 7195 Wilton Chase

City State Zip Code
 Dublin OH 43017-7079

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PREMIER HEALTHCARE SERVICES, INC.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2015

Transaction ID : 68176128

Amount of Each Receipt this Period

41.73

SUBTOTAL of Receipts This Page (optional)..... ►

333.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 14 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Linda Werner MD

Mailing Address 360 W Katmai Ave

City

Soldotna

State

AK

Zip Code

99669-7315

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHREACH HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183006

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Mark Mandabach MD

Mailing Address 619 19th St S

UAB Dept of Anesthesiology

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAHSF PSYCHIATRY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183007

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Craig Alvin Backs MD

Mailing Address 2921 Greenbriar Dr

Ste C

City

Springfield

State

IL

Zip Code

62704-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST JOHNS HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183008

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Timothy Michael Beittel MD</p> <p>Mailing Address 702 Wildwood Rd</p> <p>City State Zip Code Aberdeen NC 28315-2132</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACT MEDICAL GROUP PA Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015</p> <p>Transaction ID : 68183009</p> <p>Amount of Each Receipt this Period 41.66</p>	
<p>Full Name (Last, First, Middle Initial) B. Joshua M Cohen MD</p> <p>Mailing Address 425 W 59th St Ste 4A</p> <p>City State Zip Code New York NY 10019-8022</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BROOKLYN PSYCHIATRY ASSOC Resident</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.34</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015</p> <p>Transaction ID : 68183010</p> <p>Amount of Each Receipt this Period 20.83</p>	
<p>Full Name (Last, First, Middle Initial) C. Paul Erik Houmann MD</p> <p>Mailing Address 3 Kershaw Ct</p> <p>City State Zip Code Greenville SC 29607-5986</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015</p> <p>Transaction ID : 68183011</p> <p>Amount of Each Receipt this Period 41.66</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>104.15</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kevin Christopher Reilly Sr MD

Mailing Address 108 Deer Grove Ct

City

Elizabethtown

State

KY

Zip Code

42701-6986

FEC ID number of contributing
federal political committee.

C

Name of Employer

US ARMY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183012

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Lance Allen Talmage MD

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROMEDICA PHYSICIAN GROUP

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183013

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Hans Chin Arora MD

Mailing Address 1380 Slate Ct

City

Cleveland Hts

State

OH

Zip Code

44118-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183014

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. William Wells Simmons MD Full Name (Last, First, Middle Initial) Mailing Address 5204 Box Turtle Cir City Sarasota State FL Zip Code 34232-4311 FEC ID number of contributing federal political committee. C Name of Employer US NAVY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.68		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : 68183015 Amount of Each Receipt this Period 41.66
B. Terrance William Breen MD Full Name (Last, First, Middle Initial) Mailing Address 5451 Coral Reef Ave City La Jolla State CA Zip Code 92037-7027 FEC ID number of contributing federal political committee. C Name of Employer ASMG Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.68		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : 68183016 Amount of Each Receipt this Period 41.66
C. Leon Harvey Chandler Jr MD Full Name (Last, First, Middle Initial) Mailing Address 4100 Lake Otis Pkwy Ste 216 City Anchorage State AK Zip Code 99508-5230 FEC ID number of contributing federal political committee. C Name of Employer A A SPECIALTY HEALTH CLINIC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.68		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : 68183017 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)..... ▶		124.98
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher Peter Poje MD

Mailing Address 3580 Sheridan Dr
Ste 115

City State Zip Code
Amherst NY 14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ENT ASSOCIATES

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183018

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Charles Joseph Nivens MD

Mailing Address PO Box 3828

City State Zip Code
Bluffton SC 29910-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET EAST COOPER SPINE

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183019

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Damon Michael Dietrich MD

Mailing Address 229 English Turn Dr

City State Zip Code
New Orleans LA 70131-3348

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST JEFFERSON PHYSICIAN SERVICES

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183020

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James Albert Corwin MD

Mailing Address 4516 Robin Ln

City

Midland

State

TX

Zip Code

79707-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

US ONCOLOGY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183021

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Juan Francisco Fitz MD

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

COVENANT MEDICAL GROUP

Occupation

Physician

ADMINISTRATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183022

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Masud Iqbal Malik MD

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183023

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joseph Payne Annis MD

Mailing Address 3 Sundown Pkwy

City
AustinState
TXZip Code
78746-5201FEC ID number of contributing
federal political committee.

C

Name of Employer

UT PHYSICIANS-ADMINISTRATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183024

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dennis Lee Galinsky MDMailing Address 55 E Erie St
Apt 1905City
ChicagoState
ILZip Code
60611-2248FEC ID number of contributing
federal political committee.

C

Name of Employer

NOMC MACNEAL RADIATION THERAPY

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183025

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Kristin Marie Redenbaugh DO

Mailing Address 62 Southpond Rd

City
S GlastonburyState
CTZip Code
06073-2324FEC ID number of contributing
federal political committee.

C

Name of Employer

CMG HARTFORD, CT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183026

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

87.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erick Allen Eiting MDMailing Address 1111 S Grand Ave
Apt 805

City	State	Zip Code
Los Angeles	CA	90015-2768

FEC ID number of contributing
federal political committee.

C

Name of Employer
JACOBI MEDICAL CENTEROccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183027

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Jason Michael Goldman MDMailing Address 3001 Coral Hills Dr
Ste 340

City	State	Zip Code
Coral Springs	FL	33065-4172

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183028

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Gregory Laurence Heacock MDMailing Address 2002 Medical Pkwy
Ste 230

City	State	Zip Code
Annapolis	MD	21401-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANNAPOLIS ENTOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183029

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joydeep Som MD

Mailing Address 2002 Medical Pkwy Ste 230

City

Annapolis

State

MD

Zip Code

21401-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183030

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Harold A Woodcome Jr MD

Mailing Address 690 Eddy St

Retina Consultants

City

Providence

State

RI

Zip Code

02903-4928

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETINA CONSULTANTS, INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183031

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Theodore A Calianos II MD

Mailing Address 151 Whitmar Rd

City

Cotuit

State

MA

Zip Code

02635-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183032

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 110
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erich Bryan Groos Jr MD

Mailing Address 2400 Patterson St
Ste 201

City State Zip Code
Nashville TN 37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNEA CONSULTANTS OF NASHVILLE PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183033

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Michael Allan Sandler MD

Mailing Address 4270 Barcroft Way

City State Zip Code
Orchard Lake MI 48323-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY FORD MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183034

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Samantha Leona Rosman MD

Mailing Address 39 Danforth St
Apt 2

City State Zip Code
Jamaica Plain MA 02130-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183035

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kavita Shah Arora MD

Mailing Address 1380 Slate Ct

City

Cleveland Hts

State

OH

Zip Code

44118-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer

THOMAS JEFFERSON UNIVERSITY HOSPITAL

Occupation

Resident - OB/GYN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183036

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. David Glen Morrell MD

Mailing Address 2121 N 1700 W

City

Layton

State

UT

Zip Code

84041-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183037

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Nicholas Alexander ZorkoMailing Address 1501 Portland Ave
Apt 211

City

Minneapolis

State

MN

Zip Code

55404-1563

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183039

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

83.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Howard Bradley Chodash MD

Mailing Address 3804 Indian Lands Ln

City

Springfield

State

IL

Zip Code

62711-8214

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHCARE NETWORK ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183040

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Scott Robert Hannum DO

Mailing Address 6554 Lake Burden View Dr

City

Windermere

State

FL

Zip Code

34786-5652

FEC ID number of contributing
federal political committee.

C

Name of Employer

VASCULAR CLINIC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183042

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. William Alan Handelman MD

Mailing Address 780 Litchfield St Ste 200

City

Torrington

State

CT

Zip Code

06790-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEPHROLOGY ASSOC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183044

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Weeks Culclasure MD

Mailing Address 1510 Demonbreun St
Apt 1208

City State Zip Code
Nashville TN 37203-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOWELL ALLEN CLINIC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 21 2015

Transaction ID : 68183045

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Michael Vest DO

Mailing Address 13 Wineberry Dr

City State Zip Code
Hockessin DE 19707-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
YALE UNIVERSITY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 21 2015

Transaction ID : 68183046

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Maryanne C Bombaugh MD

Mailing Address 81 Clowes Dr

City State Zip Code
Falmouth MA 02540-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 21 2015

Transaction ID : 68183047

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gary Lewis Woods MD

Mailing Address 38 Evangelyn Dr

City

State

Zip Code

Bow

NH

03304-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONCORD ORTHOPAEDICS PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

10 / 21 / 2015

Transaction ID : 68183048

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Kenneth Ian Barron MD

Mailing Address 1126 Washington Ave

City

State

Zip Code

Winter Park

FL

32789-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRUESDALE OBGYN

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

10 / 21 / 2015

Transaction ID : 68183049

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Christopher James Conlin MD

Mailing Address 6590 Andersonville Rd

City

State

Zip Code

Clarkston

MI

48346-2794

FEC ID number of contributing
federal political committee.

C

Name of Employer

DRA FLINT PC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

10 / 21 / 2015

Transaction ID : 68183050

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Albert Kazmierowski MDMailing Address 2415 NE 134th St
Ste 301

City	State	Zip Code
Vancouver	WA	98686-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLERGY ASTHMA & DERMATOLOGY ASSO

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : 68183051

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Ms. Maristella Salgado Evangelista

Mailing Address 4583 Lahser Rd

City	State	Zip Code
Bloomfld Hls	MI	48304-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : 68183052

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Brian Andrew Mc Donald MD

Mailing Address 9 Gloria Ln

City	State	Zip Code
Schenectady	NY	12309-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPCCA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : 68183053

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charles F Pattavina MD

Mailing Address 360 Broadway

St Joseph Hospital

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. JOSEPH HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183054

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Joseph Robt Sellers MD

Mailing Address 265 N Grand St

City

Cobleskill

State

NY

Zip Code

12043-4127

FEC ID number of contributing
federal political committee.

C

Name of Employer

BASSETT HEALTHCARE CLINIC

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183055

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. James Raymond Fowler MD

Mailing Address 4050 Indigo Dr U-303

City

Pensacola

State

FL

Zip Code

32507-7604

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183056

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jose F Arrascue MD

Mailing Address 5503 S Congress Ave Ste 103

City

Atlantis

State

FL

Zip Code

33462-6614

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH PALM BEACH NEPHROLOGY PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183057

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Juan Michael Pardo MDMailing Address 2002 Medical Pkwy
Ste 230

City

Annapolis

State

MD

Zip Code

21401-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183058

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Clarence William Brown MD

Mailing Address 4605 Golf Rd

City

Skokie

State

IL

Zip Code

60076-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183059

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janet Johnson Cash MDMailing Address 833 Saint Vincents Dr
Ste 401

City	State	Zip Code
Birmingham	AL	35205-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHVIEW MEDICAL GROUP PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183060

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Paul Anthony Pipia MD

Mailing Address 19 Pine Rd

City	State	Zip Code
Syosset	NY	11791-4217

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY PHYSICIANS OF BROOKLYN
INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183061

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Dinesh Kushangi MD

Mailing Address 15604 Shawnee Dr

City	State	Zip Code
Overland Park	KS	66223-3359

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC - KANSAS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183062

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dragos Macelaru MD

Mailing Address 11668 State Route 30

City

Malone

State

NY

Zip Code

12953-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183064

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Corey E Collins DO

Mailing Address 60 Fairchild Dr

City

Reading

State

MA

Zip Code

01867-1259

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASS EYE AND EAR INFIRMARY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183065

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Dionne Hart MD

Mailing Address 1506 Century Knoll Ln NE

City

Rochester

State

MN

Zip Code

55906-7717

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOJ

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183066

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charles Rothberg MD

Mailing Address 331 E Main St

City

Patchogue

State

NY

Zip Code

11772-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183067

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Mr. Rodrigo A Sierra

Mailing Address 3727 N Janssen Ave

City

Chicago

State

IL

Zip Code

60613-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183069

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Michael Jay Springer MD

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROFESSIONAL READERS GROUP INC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183071

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Shari Louise Orser MD

Mailing Address 414 N 7th St

City	State	Zip Code
Bismarck	ND	58501-4423

FEC ID number of contributing
federal political committee.

C

Name of Employer

SANFORD HEALTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183072

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Cheryl Gibson Fountain MD

Mailing Address 1219 Lakepointe St

City	State	Zip Code
Grosse Pointe	MI	48230-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183073

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Gary David Thal MDMailing Address 111 E Chestnut St
Apt 49A

City	State	Zip Code
Chicago	IL	60611-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183074

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 110
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. John Gerald Albertini MD</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2015</div> </div> </p>	
<p>Mailing Address 1450 Professional Park Dr Ste 150</p>		<p>Transaction ID : 68183075</p>	
<p>City Winston Salem</p>	<p>State NC</p>	<p>Amount of Each Receipt this Period <div> <div>41.66</div> </div> </p>	
<p>Zip Code 27103-1319</p>			
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer SKIN SURGERY CENTER</p>	<p>Occupation Physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div> <div>416.68</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial) B. Michael Ashley Taylor MD</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2015</div> </div> </p>	
<p>Mailing Address 39 Via Navarro</p>		<p>Transaction ID : 68183076</p>	
<p>City Greenbrae</p>	<p>State CA</p>	<p>Amount of Each Receipt this Period <div> <div>41.66</div> </div> </p>	
<p>Zip Code 94904-1215</p>			
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer SELF-EMPLOYED</p>	<p>Occupation Physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div> <div>458.26</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial) c. Nancy O Naghavi DO</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2015</div> </div> </p>	
<p>Mailing Address 9307 Shady Lane Cir</p>		<p>Transaction ID : 68183077</p>	
<p>City Houston</p>	<p>State TX</p>	<p>Amount of Each Receipt this Period <div> <div>41.66</div> </div> </p>	
<p>Zip Code 77063-1306</p>			
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer FAMILY CARE PLUS REHAB</p>	<p>Occupation Physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div> <div>416.68</div> </div> </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<div> <div>124.98</div> </div>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>		<div> <div></div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lawrence Jay Singerman MD

Mailing Address 3401 Enterprise Pkwy
Ste 300

City State Zip Code
Beachwood OH 44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETINA ASSOCIATES OF CLEVELAND INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183078

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. J Brennan Cassidy MD

Mailing Address 120 Tustin Ave
Ste C

City State Zip Code
Newport Beach CA 92663-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST COAST LASER

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183079

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Brandi Nicole Ring MD

Mailing Address 3755 S Emporia Way
Unit L-204

City State Zip Code
Aurora CO 80014-8227

FEC ID number of contributing
federal political committee.

C

Name of Employer

WELLSPAN YORK HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183080

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Nicolas Kael Jammie Fletcher

Mailing Address 2746 Royal Point Dr NW

City

Grand Rapids

State

MI

Zip Code

49534-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183081

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Mrs. Barbara HurwitzMailing Address 690 Dallas Hwy
Ste 101

City

Villa Rica

State

GA

Zip Code

30180-1262

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183082

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Zachary Bregman MD

Mailing Address 149 E 18th St Apt 2

City

New York

State

NY

Zip Code

10003-2480

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183083

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sidney Gold MD

Mailing Address 16973 Stardust Pl

City

Granada Hills

State

CA

Zip Code

91344-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER FOUNDATION HEALTH PLAN NATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183084

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Kathleen Ann Hoye MD

Mailing Address 20 Ashland St

City

Taunton

State

MA

Zip Code

02780-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183085

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Frank Alexander Clark MD

Mailing Address 125 Greenbrier Dr

City

Radford

State

VA

Zip Code

24141-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARILION CLINIC

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183086

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. William Gene Nicholson MD

Mailing Address 2309 10th St

City

White Bear Lk

State

MN

Zip Code

55110-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHEAST HOSPITALIST SERVICE

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183087

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Asa Carroll Lockhart MD

Mailing Address 2106 Kennebunk Ln

City

Tyler

State

TX

Zip Code

75703-0301

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAST TEXAS ANESTHESIOLOGY
ASSOCIATES P

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183088

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Benjamin Lewis KarfunkleMailing Address 1470 Annunciation St
Apt 3318

City

New Orleans

State

LA

Zip Code

70130-8617

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183089

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ms. Meenakshi Davuluri

Mailing Address 101 Comstock Ave Apt 5

City

Syracuse

State

NY

Zip Code

13210-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183090

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Peter Karczmar MD

Mailing Address 225 Adelaide Ave

City

Providence

State

RI

Zip Code

02907-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

516.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183091

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Hang Thanh Bui MD

Mailing Address 785 Arbolado Dr

City

Fullerton

State

CA

Zip Code

92835-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183092

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

104.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Terry Nye Wooldridge MDMailing Address 230 E 22nd St
Ste 2

City	State	Zip Code
Fremont	NE	68025-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183093

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Wendell Byars Wells MD

Mailing Address 2208 Darnell Lake Dr

City	State	Zip Code
Mishawaka	IN	46545-7277

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183094

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Daniel M Young MDMailing Address 33-57 Harrison St
Family Medicine Residency Office

City	State	Zip Code
Johnson City	NY	13790-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183095

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

124.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Goitom Andom Asgedom MD

Mailing Address 1135 Lake Blvd

Apt 11

City

Marion

State

OH

Zip Code

43302-6685

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : 68183096

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Leon Everett Butler MD

Mailing Address 16605 Chestnut Glen Pl

City

Louisville

State

KY

Zip Code

40245-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : 68183097

Amount of Each Receipt this Period

125.06

Full Name (Last, First, Middle Initial)

C. Gregory L Pinto MD

Mailing Address 414 Maple Ave

Ste 200

City

Saratoga Spgs

State

NY

Zip Code

12866-5533

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : 68183098

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nicole Marie Lee MD

Mailing Address 409 Oak Park Cv

City

Pearl

State

MS

Zip Code

39208-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEPT OF OBSTETRICS & GYNECOLOGY

Occupation

Physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : 68183099

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Nathaniel Robert Miletta MD

Mailing Address 175 Blossom St
UNIT1205

City

Boston

State

MA

Zip Code

02114-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

FORT SAM

Occupation

Resident

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : 68183100

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Shamie Das MD

Mailing Address 104 Glenlake Commons Dr

City

Decatur

State

GA

Zip Code

30030-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMORY CLINIC AMBULATORY SURGERY CE

Occupation

Resident

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : 68183101

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kevin D Nohner MD

Mailing Address 8141 W Center Rd

City

Omaha

State

NE

Zip Code

68124-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALEAGENT HEALTH IMMANUEL MEDICAL CEN

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

10 / 21 / 2015

Transaction ID : 68183102

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Denise Louise Bobovnyik MD

Mailing Address 3660 Stutz Dr Ste 102

Primary Care Specialists

City

Canfield

State

OH

Zip Code

44406-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

10 / 21 / 2015

Transaction ID : 68183103

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Ross Fergus Borden Harrison MD

Mailing Address 202 S Park St

5-East

City

Madison

State

WI

Zip Code

53715-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROSS UNIVERSITY

Occupation

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

10 / 21 / 2015

Transaction ID : 68183104

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James R Trahan MDMailing Address 2521 University Blvd
Ste 122

City	State	Zip Code
Ames	IA	50010-8629

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARY GREELEY MEDICAL CENTEROccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183105

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Casey Allen Melcher MD

Mailing Address 231 N 110th Pl

City	State	Zip Code
Milwaukee	WI	53226-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL COLLEGE OF WISCONSINOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183106

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Sylvia Ann Emory MDMailing Address 1650 Chambers St
Westmoreland Fam Med

City	State	Zip Code
Eugene	OR	97402-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON MEDICAL GROUPOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183107

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marc Mendelsohn MD

Mailing Address 100 Nicolls Rd
Level 4-170

City State Zip Code
Stony Brook NY 11794-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST HOSPITAL

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183108

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Benjamin Holland Whitten MD

Mailing Address 8100 W 78th St
Ste 100

City State Zip Code
Edina MN 55439-2529

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABBOTT NORTHWESTERN GENERAL
MEDICINE A

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183109

Amount of Each Receipt this Period

416.68

Full Name (Last, First, Middle Initial)

C. Gary Robert Katz MD

Mailing Address 7195 Wilton Chase

City State Zip Code
Dublin OH 43017-7079

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIER HEALTHCARE SERVICES, INC.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183110

Amount of Each Receipt this Period

416.68

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joseph T Inglefield III MD

Mailing Address 220 18th Street Cir SE

City

Hickory

State

NC

Zip Code

28602-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183111

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Gregory Paul Fazio MD

Mailing Address 25 Monument Rd Ste 200

City

York

State

PA

Zip Code

17403-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer

WELLSPAN MEDICAL GROUP ADMIN

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183112

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Donald Joseph Swikert MD

Mailing Address 413 S Loop Rd

City

Edgewood

State

KY

Zip Code

41017-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST ELIZABETH HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183114

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy Jewell Swikert MD

Mailing Address 10003 Country Hills Ct

City	State	Zip Code
Union	KY	41091-9774

FEC ID number of contributing
federal political committee.

C

Name of Employer

PATIENT FIRST PHYSICIANS GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183115

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Gary Allen Delaney MD

Mailing Address 1138 Putter Path Rd

City	State	Zip Code
Orangeburg	SC	29118-4081

FEC ID number of contributing
federal political committee.

C

Name of Employer

REGIONAL MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183116

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Richard Newman

Mailing Address 330 North Wabash Avenue

City	State	Zip Code
Chicago	IL	60611-3586

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68183117

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kelly John Caverzagie MD

Mailing Address 986430 NE Med Center
Unmc Gen Int Medicine

City State Zip Code
Omaha NE 68198-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENRY FORD MEDICAL CENTER

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183119

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Diana Elaine Ramos MD

Mailing Address 2545 Corona Way

City State Zip Code
Laguna Beach CA 92651-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
USC SCHOOL OF MEDICINE

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183120

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ricardo Correa Marquez Sr MD

Mailing Address 259 Congressional Ln
Apt 602

City State Zip Code
Rockville MD 20852-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL INSTITUTE OF HEALTH

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 68183121

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

162.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Aaron Paul Kithcart MD

 Mailing Address 39 E Concord St
 Apt 6

 City State Zip Code
 Boston MA 02118-1905

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 BRINGHAM AND WOMEN'S HOSPITAL

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 21 2015

Transaction ID : 68183122

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Mr. Sachin Jha

Mailing Address 235 W Van Buren St Unit 1908

 City State Zip Code
 Chicago IL 60607-3933

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 N/A

 Occupation
 Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 21 2015

Transaction ID : 68183123

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Piyush I Vyas MD

Mailing Address 460 McCormick Dr

 City State Zip Code
 Lake Forest IL 60045-3350

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 THE CAPTAIN LOVELL FEDERAL HEALTH CA

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 21 2015

Transaction ID : 68183124

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

141.66

TOTAL This Period (last page this line number only)..... ►

141.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Romero Navaranjan Santiago

 Mailing Address 2121 6th Ave
 Apt N319

 City State Zip Code
 Seattle WA 98121-2819

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 21 2015

Transaction ID : 68183125

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Mrs. Sharon M. Robinson

Mailing Address 3211 25th Street

 City State Zip Code
 Lubbock TX 79410-2135

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.64

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 21 2015

Transaction ID : 68183126

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Michael Tutty

Mailing Address 20126 West Old Meadow Trail

 City State Zip Code
 Long Grove IL 60047-3354

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 21 2015

Transaction ID : 68183127

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

104.15

TOTAL This Period (last page this line number only)..... ►

104.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. William Somerville Gilmer MD</p> <p>Mailing Address 1200 Binz St Ste 1270</p> <p>City Houston State TX Zip Code 77004-6937</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : 68183128</p> <p>Amount of Each Receipt this Period 41.66</p>
<p>Full Name (Last, First, Middle Initial) B. Charles Frederick Willson MD</p> <p>Mailing Address 600 Moye Blvd Brody 3E139 Dept Peds</p> <p>City Greenville State NC Zip Code 27834-4300</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer EAST CAROLINA UNIV PHYSICIANS Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : 68184467</p> <p>Amount of Each Receipt this Period 41.66</p>
<p>Full Name (Last, First, Middle Initial) C. Thomas Edward Sullivan MD</p> <p>Mailing Address 6 Brackenbury Ln</p> <p>City Beverly State MA Zip Code 01915-3822</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : 68184480</p> <p>Amount of Each Receipt this Period 41.66</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>124.98</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Raj Behari Lal MD

Mailing Address 2809 Meyers Rd

City

Oak Brook

State

IL

Zip Code

60523-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68184488

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Joy A Maxey MDMailing Address 455 E Paces Ferry Rd NE
Ste 212

City

Atlanta

State

GA

Zip Code

30305-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTA CHILDRENS CLINICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194352

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Elvin C Irvin Jr MD

Mailing Address 2835 Bayou Blvd

City

Pensacola

State

FL

Zip Code

32503-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194353

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. George E. Cox

Mailing Address 10308 Fleming Ave.

City
Bethesda

State
MD

Zip Code
20814-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194354

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Gregory Jude Gallina MD

Mailing Address 255 W Spring Valley Ave
Ste 103

City
Maywood

State
NJ

Zip Code
07607-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLON RECTAL SURGERY PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194358

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. James Allan Goodyear MD

Mailing Address 125 Medical Campus Dr
Ste 310

City
Lansdale

State
PA

Zip Code
19446-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH PENN SURGICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194359

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Floyd Anthony Buras Jr MD

Mailing Address 713 Live Oak St

City

Metairie

State

LA

Zip Code

70005-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEBOEUF & BURAS MDS INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194360

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mary Susan Carpenter MD

Mailing Address PO Box 769

City

Winner

State

SD

Zip Code

57580-0769

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAMILY PRACTICE ASSOC OF WINNER
PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194361

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Gary Lee Dillehay MDMailing Address 5555 N Sheridan Rd
Apt 1402

City

Chicago

State

IL

Zip Code

60640-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOYOLA UNIVERSITY PHYSICIAN FOUNDATI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194362

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stuart Gitlow MD

Mailing Address 153 Gaskill St

City

Woonsocket

State

RI

Zip Code

02895-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194363

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Randolph J Gould MD

Mailing Address 1801 Windy Ridge Pt

City

Virginia Bch

State

VA

Zip Code

23454-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORFOLK SURGICAL GROUP LTD

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

933.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194364

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Steven James Hattamer MD

Mailing Address 8 Prospect St

Dept Of Anesthesiology

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

NASHUA ANESTHESIA PARTNERS PLLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194365

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Jos Kennedy MD

Mailing Address 1675 Providence Ave

City	State	Zip Code
Schenectady	NY	12309-3919

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194366

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mark Chas Komorowski MD

Mailing Address 610 S Trumbull St

City	State	Zip Code
Bay City	MI	48708-7656

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194367

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Daniel Joel Koretz MD

Mailing Address 1939 Lake Rd

City	State	Zip Code
Ontario	NY	14519-9792

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194368

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Glenn Allen Loomis MD

Mailing Address 334 Thomas More Pkwy
Ste 160

City State Zip Code
Crestview Hills KY 41017-3496

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPARROW HEALTH SYSTEM

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194369

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Patrick William Mc Cormick MD

Mailing Address 2222 Cherry St # 2-M200

City State Zip Code
Toledo OH 43608-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEUROSURGICAL NETWORK INC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194370

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Judith Richmond Pryblick DO

Mailing Address 5422 Holiday Dr

City State Zip Code
Allentown PA 18104-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST LUKES PHYSICIAN GROUP INC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194371

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Bradley Simon MD

Mailing Address 35 Gellatly Dr

City

Wappingers Fl

State

NY

Zip Code

12590-6452

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194372

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Robert Cameron More MD

Mailing Address 8100 Wescott Dr
Ste 101

City

Flemington

State

NJ

Zip Code

08822-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTERDON ORTHOPEDIC INSTITUTE

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194373

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. John S Mc Intyre MD

Mailing Address 2000 Winton Rd S
Bldg 4

City

Rochester

State

NY

Zip Code

14618-3970

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITY MENTAL HEALTH

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194374

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Devdutta G Sangvai MD

Mailing Address 708 Oxboro Cir

City

Durham

State

NC

Zip Code

27713-8298

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194375

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. David George Gerkin MD

Mailing Address 2300 Lakemoor Dr

City

Knoxville

State

TN

Zip Code

37920-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194376

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Donald Franklin MD

Mailing Address 5335 Summerfield Ln

City

Signal Mtn

State

TN

Zip Code

37377-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEPHROLOGY ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194377

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrice A Harris MD

Mailing Address 1397 Wood Pond Cv

City

Stone Mtn

State

GA

Zip Code

30083-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194378

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Kathleen Blake MD

Mailing Address 330 N Wabash Ave Ste 39300
American Medical Association

City

Chicago

State

IL

Zip Code

60611-5885

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194379

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Spurgeon William Clark III MD

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMORY HEALTHCARE

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194380

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dieter Pohl MD

Mailing Address 34 Eames St

City

Providence

State

RI

Zip Code

02906-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

RHODE ISLAND SURGEONS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194381

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Albert Ray MD

Mailing Address 7035 Convoy Ct

Southern Ca Permanente Med Group

City

San Diego

State

CA

Zip Code

92111-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER FDN HEALTH PLAN NATION HQ

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194382

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Thomas Walton Eppes Jr MD

Mailing Address 1175 Corporate Park Dr

City

Forest

State

VA

Zip Code

24551-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL VIRGINIA FAMILY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194384

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alan Barth Pillersdorf MD

Mailing Address 1620 S Congress Ave
Ste 100

City State Zip Code
Palm Springs FL 33461-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLASTIC SURGERY OF PALM BEACH PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2015

Transaction ID : 68194385

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. William Chas Sternfeld MD

Mailing Address 4235 Secor Rd
Bldg 1

City State Zip Code
Toledo OH 43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOLEDO CLINIC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2015

Transaction ID : 68194386

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Carl Alexander Sirio MD

Mailing Address 3000 Arlington Ave
Mail Stop 1018

City State Zip Code
Toledo OH 43614-2595

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PITTSBURGH MEDICAL CTR

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2015

Transaction ID : 68194387

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Evangelos Megariotis MD

Mailing Address 21 Ravona St

City
CliftonState
NJZip Code
07012-1521FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194388

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Marilyn Joan Heine MD

Mailing Address 900 Twining Rd

City
DresherState
PAZip Code
19025-1726FEC ID number of contributing
federal political committee.

C

Name of Employer

SEVERN EMERGENCY PHYSICIANS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194389

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Peter Scott Lund MDMailing Address 311 W 24th St
Ste 101City
ErieState
PAZip Code
16502-2668FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIED UROLOGY ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194390

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Richard Allen Dart MD

Mailing Address 9050 Ader Rd

Wisconsin Medical Soc

City

Marshfield

State

WI

Zip Code

54449-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARSHFIELD CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194391

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John Robt Mc Gill MD

Mailing Address 436A State St

City

Bangor

State

ME

Zip Code

04401-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194392

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Perry Lynn Haney MD

Mailing Address PO Box 6680

City

Denver

State

CO

Zip Code

80206-0680

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPINEONE, INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194393

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Roni Ephrat MD

Mailing Address 116 Broadway

City

Norwood

State

NJ

Zip Code

07648-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

BERGEN ANESTHESIA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194394

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Elizabeth Fay Wu MDMailing Address 2504 Samaritan Dr
Ste 20

City

San Jose

State

CA

Zip Code

95124-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194395

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Betty Shuwein Chu MD

Mailing Address 233 Warrington Rd

City

Bloomfield

State

MI

Zip Code

48304-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2333.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194396

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Thomas P. Healy Jr.

Mailing Address 547 S Clark St Apt 1401

City

Chicago

State

IL

Zip Code

60605-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194397

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mokarram Husain Jafri MD

Mailing Address 6 Oakhurst Ct

City

Clifton Park

State

NY

Zip Code

12065-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP OF ALBANY

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194398

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Gerald Edward Harmon MD

Mailing Address 9699 Ocean Hwy

PO Box 289

City

Pawleys Isl

State

SC

Zip Code

29585-7425

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194399

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 110

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James J Dehen Jr MD

Mailing Address 2024 S 6th St

City

Brainerd

State

MN

Zip Code

56401-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRAINERD MEDICAL CENTER INC

Occupation

Physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194401

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Aaron Edward George DO

Mailing Address 135 Beechwood Ln

City

Chambersburg

State

PA

Zip Code

17201-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

Resident

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194402

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Jack M Chapman Jr MD

Mailing Address 2061 Beverly Rd

City

Gainesville

State

GA

Zip Code

30501-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194403

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Richard Earl Thorp MD

Mailing Address 2395 Tokay Ct

City

Paradise

State

CA

Zip Code

95969-6658

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARADISE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194404

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Georgia Anne Tuttle MDMailing Address 129 Mechanic St
The Skin Care Ctr

City

Lebanon

State

NH

Zip Code

03766-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194405

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Susan Rudd Bailey MDMailing Address 5929 Lovell Ave
F W A A

City

Fort Worth

State

TX

Zip Code

76107-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

FORT WORTH ALLERGY ASTHMA ASSOCIAT

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194406

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John E Christie MD

Mailing Address 2661 Riva Rd
Bldg 600

City State Zip Code
Annapolis MD 21401-7353

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194407

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mrs. Margaret Garikes

Mailing Address 4003 Sharp Place

City State Zip Code
Alexandria VA 22304-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194408

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. John M De Figueiredo MD

Mailing Address 100 Plaza Ct Unit 1674

City State Zip Code
Groton CT 06340-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194409

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Peter Amberg Hollmann MD

Mailing Address 74 Fort Ave

City

Cranston

State

RI

Zip Code

02905-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUE CROSS BLUE SHIELD OF RI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194410

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Badri N Nath MD

Mailing Address PO Box 13331

City

Palm Desert

State

CA

Zip Code

92255-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194411

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Leonard Allison Brabson MD

Mailing Address 939 Emerald Ave Ste 806

Clark Tower

City

Knoxville

State

TN

Zip Code

37917-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194412

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Frederick Ray Ridge Jr MD

Mailing Address 1043 N 1000 W

City
LintonState
INZip Code
47441-5281FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194413

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Albert J Osbahr III MDMailing Address 810 Fairgrove Church Rd
Cvmc OhsCity
HickoryState
NCZip Code
28602-9617FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194414

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Prasanta Chandra Chandra MD

Mailing Address PO Box 8868

City
TurnersvilleState
NJZip Code
08012-8868FEC ID number of contributing
federal political committee.

C

Name of Employer

STOCKHOLM OB-GYN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194415

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. John Robert Jordan

Mailing Address 5100 Williamsburg Blvd

City

Arlington

State

VA

Zip Code

22207-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194416

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John Michael Montgomery MD

Mailing Address 2636 Country Side Dr

City

Orange Park

State

FL

Zip Code

32003-4951

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA JACKSONVILLE
PHY

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194417

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Carol Sadie Shapiro MD

Mailing Address 7822 Gingerbread Ln

City

Fairfax Station

State

VA

Zip Code

22039-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194418

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Susan Eva Skochelak MD

Mailing Address 401 N Wabash Ave
Unit 48J

City State Zip Code
Chicago IL 60611-3790

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN MEDICAL ASSOCIATION

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194419

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Louis James Kraus MD

Mailing Address 910 Skokie Blvd
STE230

City State Zip Code
Northbrook IL 60062-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194420

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Mrs. Joanne Bergquist

Mailing Address 210 W Tacoma Ave

City State Zip Code
Latrobe PA 15650-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Physician Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194421

Amount of Each Receipt this Period

166.66

SUBTOTAL of Receipts This Page (optional)..... ►

333.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sherman C Yu MDMailing Address 1200 Binz St
Ste 950

City	State	Zip Code
Houston	TX	77004-6943

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194422

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Donald D Timmerman MD

Mailing Address 1817 Main St

City	State	Zip Code
Glastonbury	CT	06033-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT VALLEY HOSP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194423

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. David Andrew Rosman MD

Mailing Address 51 School St

City	State	Zip Code
Andover	MA	01810-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer

MGH

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194424

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sharon R Metzger Richens MDMailing Address 161 W 200 N
Ste 200

City	State	Zip Code
St George	UT	84770-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer
EYE CARE SPECIALISTS PSOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194425

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John William Hartman MD

Mailing Address 1521 Belle Plane Cir

City	State	Zip Code
Green Bay	WI	54313-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194426

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Kenneth Michael Certa MD

Mailing Address 17 Fox Hunt Cir

City	State	Zip Code
Plymouth Mtng	PA	19462-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMAS JEFFERSON UNIVERSITYOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194427

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Phillip Williams MD

Mailing Address 5004 W Grove Ln

City

Gibsonia

State

PA

Zip Code

15044-6053

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194428

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mr. Christopher Todd Askew

Mailing Address 2943 McKinley St, NW

City

Washington

State

DC

Zip Code

20015-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194429

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Ardis Dee Hoven MD

Mailing Address 2912 Sweet William Ct

City

Lexington

State

KY

Zip Code

40502-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUEGRASS CARE CLINIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194430

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kenneth Elmassian DO

Mailing Address 2399 Pine Hollow Dr

City

East Lansing

State

MI

Zip Code

48823-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer

LANSING ANESTHESIOLOGISTS PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194431

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. E Scott Ferguson MDMailing Address 200 S Rhodes St
Ste B

City

West Memphis

State

AR

Zip Code

72301-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194432

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Bruce Alan Mac Leod MD

Mailing Address 1515 Mohican Dr

City

Pittsburgh

State

PA

Zip Code

15228-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASPN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : 68194433

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 110
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Peter Augusto Bernardo MD

Mailing Address 3356 Homestead Rd S

City
Salem

State
OR

Zip Code
97302-9752

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194434

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Ahmed Bajandas MD

Mailing Address PO Box 699

City

Humacao

State

PR

Zip Code

00792-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194435

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Mr. William R. Abrams JD

Mailing Address 7702 Radcliffe Drive
Apt. C

City

Madison

State

WI

Zip Code

53719-2083

FEC ID number of contributing
federal political committee.

C

Name of Employer

WISCONSIN MEDICAL SOCIETY

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194436

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James David Grant MD

Mailing Address 1574 Sodon Lake Dr

City
BloomfieldState
MIZip Code
48302-2362FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAUMONT HEALTH SYSTEMOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194437

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Steven Berkowitz MD

Mailing Address 22 Malke Dr

City
OceanState
NJZip Code
07712-3371FEC ID number of contributing
federal political committee.

C

Name of Employer
SEAVIEW ORTHOPAEDIC & MEDICALOccupation
PhysicianASSOCIAT
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194438

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Nicholas V Polifroni MDMailing Address 761 Main Ave
Ste 115City
NorwalkState
CTZip Code
06851-1080FEC ID number of contributing
federal political committee.

C

Name of Employer
COASTAL ORTHOPAEDICSOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194439

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher Lance Sudduth MD

Mailing Address 2508 S 14th St

City

Broken Arrow

State

OK

Zip Code

74012-7264

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194441

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Jeffrey Paul Katz MD

Mailing Address 6528 Ocean Shore Ln

City

Columbia

State

MD

Zip Code

21044-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN'S HOUSE CALLS

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194443

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Rattapol Srisinroongruang MDMailing Address 2728 McKinnon St
Apt 1821

City

Dallas

State

TX

Zip Code

75201-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

AEMA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194444

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mrs. Kimberly Moser

Mailing Address 3216 High Ridge Drive

City	State	Zip Code
Taylor Mill	KY	41015-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer

KPPAC

Occupation

State Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194445

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Steven Roy Daviss MD

Mailing Address 3312 Rueckert Ave

City	State	Zip Code
Baltimore	MD	21214-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHEPPARD PRATT PHYSICIANS PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194446

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Deepak Azad MD

Mailing Address 3505 Charlevoix Ct

City	State	Zip Code
Floyds Knobs	IN	47119-9761

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194447

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Richard John Depersio MDMailing Address 7557 Dannaer Dr
Ste 220

City	State	Zip Code
Powell	TN	37849-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER KNOXVILLE EAR NOSE & THROAT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194449

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Tina Rashmi Shah MDMailing Address 5841 S Maryland Ave
Ste MC7082

City	State	Zip Code
Chicago	IL	60637-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDSTAR MEMORIAL UNION HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194450

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. David Thos Harvey MD

Mailing Address 107 Kellsworth Way

City	State	Zip Code
Tyrone	GA	30290-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer

SURGICAL & COSMETIC DERMATOLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 68194452

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Prateek Sharma MDMailing Address 271 Dartmouth St
Apt 1K

City	State	Zip Code
Boston	MA	02116-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSTON MEDICAL CENTER

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194453

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Joshua David Lesko MDMailing Address 1140 London Blvd
Apt 3211

City	State	Zip Code
Portsmouth	VA	23704-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAIRVIEW PARK HOSPITAL

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194454

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Ms. Michaela Sternstein

Mailing Address 330 N Wabash Ave Ste. 39300

City	State	Zip Code
Chicago	IL	60611-3586

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194455

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

166.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Mr. Karthik Venkataraman Sarma</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 23 / 2015</div> </div> </p>	
<p>Mailing Address 10989 Rochester Ave Apt 111</p>		<p>Transaction ID : 68194457</p>	
<p>City State Zip Code Los Angeles CA 90024-6228</p>	<p>Amount of Each Receipt this Period <div> <div>41.66</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div></p>			
<p>Name of Employer N/A</p>	<p>Occupation Medical Student</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div> <div>416.68</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial) B. Jerry D McLaughlin II MD</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 23 / 2015</div> </div> </p>	
<p>Mailing Address 809 Pinegrove Ln</p>		<p>Transaction ID : 68194458</p>	
<p>City State Zip Code Longview TX 75604-2606</p>	<p>Amount of Each Receipt this Period <div> <div>83.33</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div></p>			
<p>Name of Employer SELF-EMPLOYED</p>	<p>Occupation Physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div> <div>833.34</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial) C. Marshall Lucas MD</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 23 / 2015</div> </div> </p>	
<p>Mailing Address 8701 New Trails Dr Ste 150</p>		<p>Transaction ID : 68194459</p>	
<p>City State Zip Code Spring TX 77381-4546</p>	<p>Amount of Each Receipt this Period <div> <div>83.33</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div></p>			
<p>Name of Employer JASON D BARON MD PA</p>	<p>Occupation Physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div> <div>833.34</div> </div> </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<div> <div>208.32</div> </div>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>		<div> <div></div> </div>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Karolyn Moody DO

Mailing Address 760 Boozy Creek Rd

City

Blountville

State

TN

Zip Code

37617-6609

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHILDREN'S HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194460

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. James Lee Sublett MD
Mailing Address 500 W Jefferson St
Ste 160

City

Louisville

State

KY

Zip Code

40202-2866

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAMILY ALLERGY & ASTHMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194461

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Nirnanjan Venkat Rao MD
Mailing Address 78 Easton Ave
FI 3

City

New Brunswick

State

NJ

Zip Code

08901-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL JERSEY SURGICAL SPECIALISTS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68194462

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

316.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. William Edward Guptill MD Full Name (Last, First, Middle Initial) Mailing Address 8 Creeping Jenny Ln City Taunton State MA Zip Code 02780-7206 FEC ID number of contributing federal political committee. C Name of Employer CARITAS MEDICAL GROUP Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : 68194463 Amount of Each Receipt this Period 83.33
B. Robert Harold Couch MD Full Name (Last, First, Middle Initial) Mailing Address 10606 Hobbs Station Rd City Louisville State KY Zip Code 40223-2671 FEC ID number of contributing federal political committee. C Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : 68194464 Amount of Each Receipt this Period 83.33
C. Paul Douglas Bozyk MD Full Name (Last, First, Middle Initial) Mailing Address 31926 Robinhood Dr City Beverly Hills State MI Zip Code 48025-3539 FEC ID number of contributing federal political committee. C Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : 68194465 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)..... ▶			249.99
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Lee Roberts MD

Mailing Address 323 E Chestnut St
Ste 518

City State Zip Code
Louisville KY 40202-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEONATAL ASSOCIATES PSC ADMINISTRAT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194466

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John Jackson Ingram III MD

Mailing Address 266 Joule St
East TN Med Grp

City State Zip Code
Alcoa TN 37701-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAST TENNESSEE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194467

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Elie Azrak MD

Mailing Address 1 Memorial Dr
Ste 102

City State Zip Code
Alton IL 62002-6722

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST LOUIS CARDIOLOGY CONSULTANTS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 68194469

Amount of Each Receipt this Period

83.35

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kenneth Scott Wayne MD

Mailing Address 2515 SW State St
Ste 100

City Ankeny State IA Zip Code 50023-7079

FEC ID number of contributing
federal political committee.

C

Name of Employer

IOWA HEALTH PHYSICIANS INTERNAL MEDI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.66

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194470

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Keith Irvin Adams MD

Mailing Address 416 Munro Rd

City Mill Hall State PA Zip Code 17751-8463

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTH SERVICES OF CLARION INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194912

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Daniel O'Brien MD

Mailing Address 4403 Stonewood Dr

City Morgantown State WV Zip Code 26505-3896

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY CALIFORNIA-DAVIS

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

10 / 23 / 2015

Transaction ID : 68194972

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

208.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Henry Jerrold Kaplan MDMailing Address 301 E Muhammad Ali Blvd
Eye Specialists Of Louisvi

City	State	Zip Code
Louisville	KY	40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

EYE SPECIALISTS OF LOUISVILLE

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68196684

Amount of Each Receipt this Period

83.32

Full Name (Last, First, Middle Initial)

B. Henry Jerrold Kaplan MDMailing Address 301 E Muhammad Ali Blvd
Eye Specialists Of Louisvi

City	State	Zip Code
Louisville	KY	40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

EYE SPECIALISTS OF LOUISVILLE

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 68196796

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Nestor A Ramirez-Lopez MD

Mailing Address 1319 Grandview Dr

City	State	Zip Code
Champaign	IL	61820-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSIDE NEONATAL & INFANT CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199323

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

333.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. William Lee Hamilton MD</p> <p>Mailing Address 5171 S Cottonwood St Ste 750</p> <p>City State Zip Code Salt Lake Cty UT 84107-5705</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INTERMOUNTAIN HEALTHCARE Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2083.34</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 25 2015</p> <p>Transaction ID : 68199324</p> <p>Amount of Each Receipt this Period 208.33</p>
<p>Full Name (Last, First, Middle Initial) B. Nancy Louise Mueller MD</p> <p>Mailing Address 610 E Palisade Ave</p> <p>City State Zip Code Englewood NJ 07632-1801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2083.34</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 25 2015</p> <p>Transaction ID : 68199325</p> <p>Amount of Each Receipt this Period 208.33</p>
<p>Full Name (Last, First, Middle Initial) C. Michael E Migliori MD</p> <p>Mailing Address 120 Dudley St Ste 301</p> <p>City State Zip Code Providence RI 02905-2429</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2083.34</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 25 2015</p> <p>Transaction ID : 68199328</p> <p>Amount of Each Receipt this Period 208.33</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>624.99</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Walker

Mailing Address 10635 Canterbury Rd.

City

Fairfax Station

State

VA

Zip Code

22039-1927

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199329

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Stephen Alan Imbeau MD

Mailing Address 800 E Cheves St Ste 420

Allergy Asthma and Sinus Ctr

City

Florence

State

SC

Zip Code

29506-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLERGY ASTHMA & SINUS CENTER

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199330

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Janice Tildon-Burton MD

Mailing Address 2600 Glasgow Ave

Ste 207

City

Newark

State

DE

Zip Code

19702-5704

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199331

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

624.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 110
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Srinivas B Mukkamala MD

Mailing Address 1170 Charter Dr

Ste F

City

State

Zip Code

Flint

MI

48532-3587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

Transaction ID : 68199332

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. William Eric Kobler MD

Mailing Address 6729 Millbrook Dr

City

State

Zip Code

Rockford

IL

61108-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OSF MEDICAL GROUP

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

Transaction ID : 68199333

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

c. Thomas James Madejski MD

Mailing Address 100 Ohio St

Ste C

City

State

Zip Code

Medina

NY

14103-1191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

Transaction ID : 68199334

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Seth Yawki Flagg MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

US NAVY

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199336

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Russell Clark Libby MD

Mailing Address 3020 Hamaker Ct Ste 200

City

Fairfax

State

VA

Zip Code

22031-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGINIA PEDIATRIC GROUP LTD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199337

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Jesse Menachem Ehrenfeld MD

Mailing Address 900 20th Ave S

Apt 1611

City

Nashville

State

TN

Zip Code

37212-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199338

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Benjamin Zev Galper MD

Mailing Address 1284 Beacon St
Apt 815

City State Zip Code
Brookline MA 02446-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIGHAM AND WOMEN'S HOSPITAL

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199339

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

B. Dana M Block-Abraham DO

Mailing Address 6418 Liquid Laughter Ln

City State Zip Code
Columbia MD 21044-6044

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MARYLAND MEDICAL CTR

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199341

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

C. Dev Appannagari Gnanadev MD

Mailing Address PO Box 670

City State Zip Code
Redlands CA 92373-0221

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARROWHEAD COMMUNITY SURGICAL

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199342

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Pasteur Hamide MD

Mailing Address 4720 Carthage St

City

Metairie

State

LA

Zip Code

70002-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSUHSC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199343

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Marvin H Rorick III MD

Mailing Address 111 Wellington Pl

City

Cincinnati

State

OH

Zip Code

45219-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVER HILLS HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199345

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Alethia Ellen Morgan MD

Mailing Address PO Box 17540

Risk Management

City

Denver

State

CO

Zip Code

80217-0540

FEC ID number of contributing
federal political committee.

C

Name of Employer

COPIC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2183.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : 68199346

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Arthur Battista MD

Mailing Address 11 Orsinger HI

City

San Antonio

State

TX

Zip Code

78230-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

Transaction ID : 68199347

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Mohammed Ali Arsiwala MDMailing Address 17197 N Laurel Park Dr
Ste 107

City

Livonia

State

MI

Zip Code

48152-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

Transaction ID : 68199348

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Krystal Lynne Tomei MD

Mailing Address 5245 River Creek Rd

City

Lyndhurst

State

OH

Zip Code

44124-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARROW NEUROLOGICAL INSTITUTE

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2015			

Transaction ID : 68199349

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

624.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lee Thos Snook Jr MD

Mailing Address 2288 Auburn Blvd
Ste 106

City State Zip Code
Sacramento CA 95821-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199350

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Benjamin Schlechter MD

Mailing Address 2603 Keiser Blvd Ste 207

City State Zip Code
Wyomissing PA 19610-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199351

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Scott Mitchel Tenner MD

Mailing Address 25 Trenton Ave

City State Zip Code
East Atlantic Beach NY 11561-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY PHYSICIANS OF BROOKLYN INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 68199352

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Jay Fleischman MD

Mailing Address 148 Rimmon Rd

City

Woodbridge

State

CT

Zip Code

06525-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN & MENOPAUSE PHYSICIANS PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2015					

Transaction ID : 68199353

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Lucy Elizabeth Peterson MDMailing Address 105 W 8th Ave
Ste 500

City

Spokane

State

WA

Zip Code

99204-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2015					

Transaction ID : 68199354

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Suzanne Marie Kavic MD

Mailing Address 1S260 Summit Ave

City

Oakbrook Terrace

State

IL

Zip Code

60181-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2015					

Transaction ID : 68199355

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

624.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marietta Nelson MD

Mailing Address 3100 W Charlstn Blvd
Ste 204

City State Zip Code
Las Vegas NV 89102-1996

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2015

Transaction ID : 68199561

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mary Sullivan Clarke MD

Mailing Address 420 Amethyst Ave

City State Zip Code
Stillwater OK 74075-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer

STILLWATER MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2015

Transaction ID : 68199565

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert N Ulseth II MD

Mailing Address 305 S Line Ave
Physician Providers Group

City State Zip Code
Inverness FL 34452-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMPREHENSIVE PAIN MANAGEMENT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2015

Transaction ID : 68199681

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 110

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth D. Lancin

Mailing Address 610 East Palisade Avenue

City

Englewood Cliffs

State

NJ

Zip Code

07632-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Management Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : 68202779

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Robert Puchalski MD

Mailing Address PO Box 520

City

Lugoff

State

SC

Zip Code

29078-0520

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH CAROLINA ENT

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4166.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : 68202781

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

C. William Alfred Mc Dade MD

Mailing Address PO Box 378524

City

Chicago

State

IL

Zip Code

60637-8524

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : 68202987

Amount of Each Receipt this Period

166.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert Ernest Hertzka MD

Mailing Address PO Box 1018

City	State	Zip Code
Rcho Santa Fe	CA	92067-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICE MEDICAL GROUPOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : 68203901

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

B. Ilse R Levin DO

Mailing Address 9129 Bradford Rd

City	State	Zip Code
Silver Spring	MD	20901-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYSTATE MEDICAL CENTEROccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68352649

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Jeffrey Donnell Cao MD

Mailing Address 11021 Campus St Ste 301

City	State	Zip Code
Loma Linda	CA	92350-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOMA LINDA UNIV MEDICAL CTROccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68353115

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

291.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Heather G Sutton-Walsh MD

Mailing Address 140 Chaparral Est

City

Denton

State

TX

Zip Code

76208-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL CLINIC OF NORTH TEXAS

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68353117

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Lydia Usha MDMailing Address 1725 W Harrison St
Ste 809

City

Chicago

State

IL

Zip Code

60612-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

RUSH UNIVERISTY MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68379184

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Paul Introna MD

Mailing Address 2164 Ponce De Leon Ave NE

City

Atlanta

State

GA

Zip Code

30307-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSIDE ANESTHESIA CONSULTANTS LI

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68379185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Roger Wayne Marshall MD

Mailing Address 514 Cleveland St

Heartland Reg Obgyn Pa

City

Great Bend

State

KS

Zip Code

67530-3562

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEARTLAND OBGYN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 68379195

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Clayton Stafford MD

Mailing Address 110 Metker Trl

Stanford Immediate Care

City

Stanford

State

KY

Zip Code

40484-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.96

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 68379196

Amount of Each Receipt this Period

26.36

Full Name (Last, First, Middle Initial)

C. Amelia Arianne Pare MD

Mailing Address 2455 Old Washington Rd

City

Pittsburgh

State

PA

Zip Code

15241-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC PRESBYTERIAN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 68379408

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1526.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 110

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mukul Lalit Parikh MD

Mailing Address 1 Rutherford Rd Ste 101

City

Harrisburg

State

PA

Zip Code

17109-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVERSIDE ANESTHESIA ASSOCIATES LTD

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68379409

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chand Rohatgi MD

Mailing Address 3735 Nazareth Rd Ste 103

City

Easton

State

PA

Zip Code

18045-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer

BREAST CARE CENTER

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68379410

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy Damian Welby MD

Mailing Address 920 Viewmont Dr

City

Dickson City

State

PA

Zip Code

18519-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRICS OF NORTHEASTERN PENNSYL

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 68379414

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

31929.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 110
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PNC ADVISORS

Mailing Address PO BOX 96211

City
WashingtonState
DCZip Code
20090FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

Transaction ID : 68382058

Amount of Each Receipt this Period

7.30

Interest

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7.30

7.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAYMENTECH

Mailing Address 4 NORTHEASTERN BLVD

City
SALEMState
NHZip Code
03079Purpose of Disbursement
Credit Card Bank Charges

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : 68390181

Amount of Each Disbursement this Period

962.23

Credit Card Bank Charges

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

962.23

962.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2016 Primary

011

Transaction ID : 67965461

Amount of Each Disbursement this Period

1200.00

Candidate Name

Rep. Pat J. TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

2016 Primary

Full Name (Last, First, Middle Initial)

B. Brad Ashford For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement
2016 Primary

011

Transaction ID : 67965464

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Brad AshfordCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

2016 Primary

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
2016 Primary

011

Transaction ID : 68124287

Amount of Each Disbursement this Period

4000.00

Candidate Name

Sen. Michael F. BennetCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

2016 Primary

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. Jeb HensarlingCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : 68124288

Amount of Each Disbursement this Period

1000.00

2016 Primary

Full Name (Last, First, Middle Initial)

B. Barve For Congress Committee

Mailing Address 426 Palmpring Drive

City	State	Zip Code
Gaithersburg	MD	20878

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kumar BarveCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MD	District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68188245

Amount of Each Disbursement this Period

2000.00

2016 Primary

Full Name (Last, First, Middle Initial)

C. Tom Macarthur For Congress Inc.

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rep. Tom MacArthurCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 68188246

Amount of Each Disbursement this Period

1000.00

2016 Primary

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Clarke For Congress

Mailing Address 111-36 200th. Street

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement
Void - 6/19/2015 Chk

011

Candidate Name

Ms. Yvette ClarkeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : 68245669

Amount of Each Disbursement this Period

-1000.00

Void - 6/19/2015 Chk

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement
Void - 3/13/2015 Chk

011

Candidate Name

Rep. Tim F. MurphyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : 68245982

Amount of Each Disbursement this Period

-1000.00

Void - 3/13/2015 Chk

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-2000.00

8200.00